# Plaintiffs' Memorandum in Opposition to Joint Motion for Summary Judgment for Failure to Prove Fault Element of Public Nuisance Claims

Ex 10 - MCKMDL00407451



## Prescription Drug Abuse

The National Perspective





## The Current Landscape: EPIDEMIC

The Centers for Disease Control and Prevention (CDC) has declared prescription drug abuse to be an **epidemic.** 



# The Current Landscape: **EPIDEMIC**

Every component of the distribution chain has been breached

A' New Painkiller Crackdown Targets Drug Distributors

New York Times, October 18, 2012; http://www.nytimes.com/2012/10/18/business/to-fight-prescriptionpainkiller-abuse-dea-targets-distributors.html?\_r=0 , accessed Jan 15,

'Candy Man' Doctor Julio Gabriel Diaz Pleads Guilty To Drug Trafficking In Drug Deaths The Huffington Post January 9, 2014;

http://www.huffingtonpost.com/2014/01/09/candy-man-doctor-julio-gabriel-diaz-

Heroin and Pun Stir a Battle Cry in Vermont

http://abcnews.go.com/m/story?id=2153782( accessed Jan 15, 2014

## America's fastest-growing drug problem: Prescription drug abuse

CBS News, April 19, 2011; http://www.cbsnews.com/news/americas-fastest-growing-drugproblem-prescription-drug-abuse/, accessed Jan 15, 2014

New Colorado campaign tars tion drug abuse Sew-colorado-campaign-

teenp

The Denver http://www. targets-ter Doctors Group Backs Tougher Rules Targeting Prescription Drug

Abuse

http://abcnews.go.com/blogs/health/2013/12/10/doctors-group-backs-tougher-rules targeting-prescription-drug-abuse/ , accessed Jan 15, 2014

Sharp Rise in Women Deaths From Overdose of Painkillers

NY Times, July 2, 2013 http://www.nytimes.com/2013/07/03/health/rate-ofnoinkiller-overdose-deaths-rises-among-women.html , accessed Jan 15, 2014

White House launches effort to combat soaring prescription drug

CNN.com April 19, 2011; http://www.cnn.com/2011/HEALTH/04/19/drug.abuse/,

## Prescription Drug Abuse is an Epidemic in the U.S.

- Prescription drugs cause more deaths than heroin and cocaine combined\*
- Prescription drug abuse goes beyond a legitimate medical need
  - Taken without a prescription
  - Taken differently than prescribed
- ☐ The US consumes 83% of the worlds oxycodone and 99% of the worlds hydrocodone, two highly prescribed opioid drugs for pain\*\*

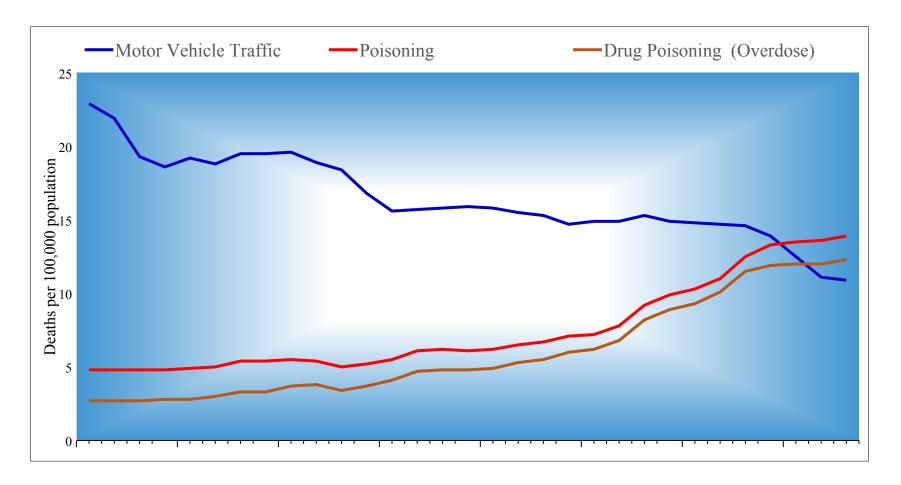
Sources: Centers for Disease Control and Prevention; National Institute on Drug Abuse; International Narcotics Control Board; DEA.

<sup>\*</sup>Topics in Brief: Prescription Drug Abuse. In National Institute on Drug Abuse. http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse (accessed February 2014).

<sup>\*\*</sup> International Narcotics Control Board Report 2008, United Nations Publication 2009, p. 20

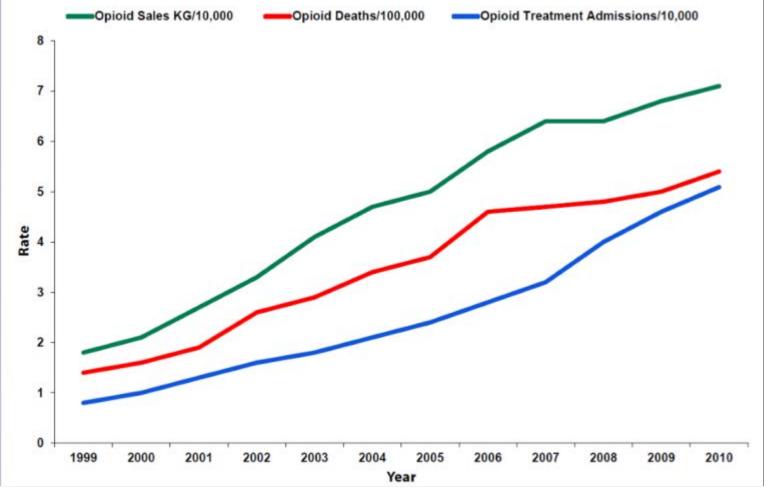


## U.S. Death Rate Trends, 1980-2010





# U.S. Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, 1999-2010

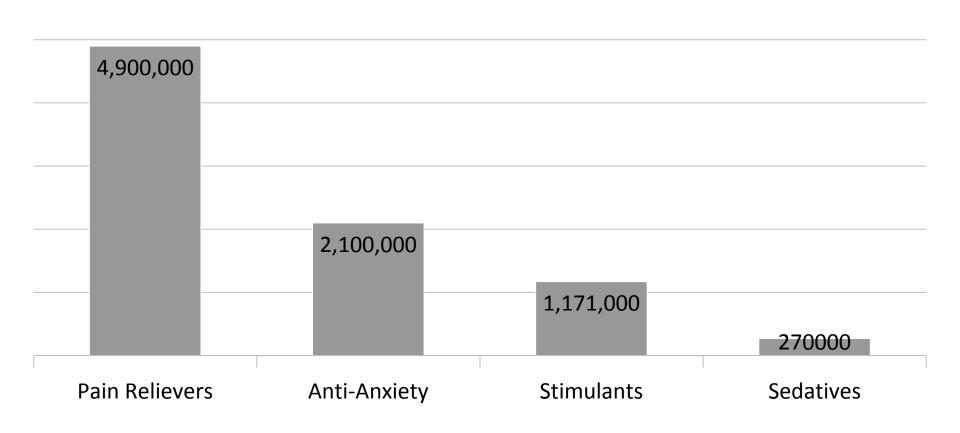


Source: CDC. MMWR 2011. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e1101a1.htm?s\_cid=mm60e1101a1\_w. Updated with 2009 mortality and 2010 treatment admission data. Accessed February 2014

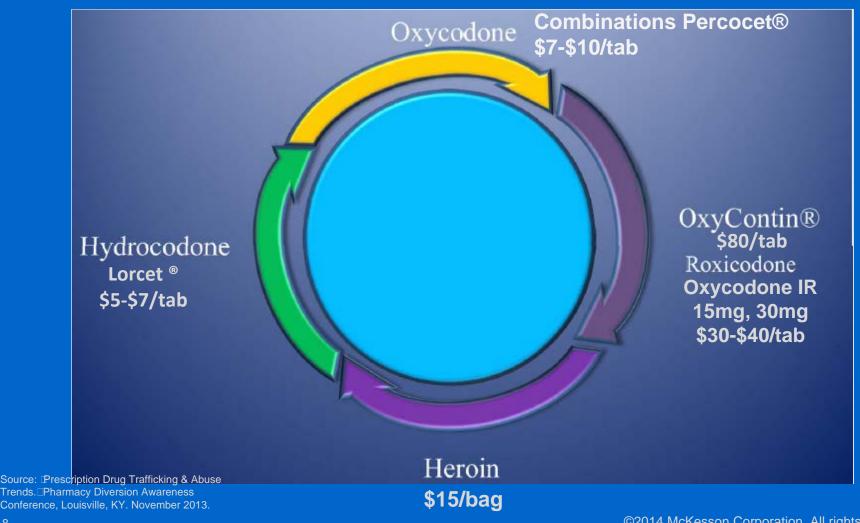


## Prescription Drug Abuse 2012

6.8 Million Americans

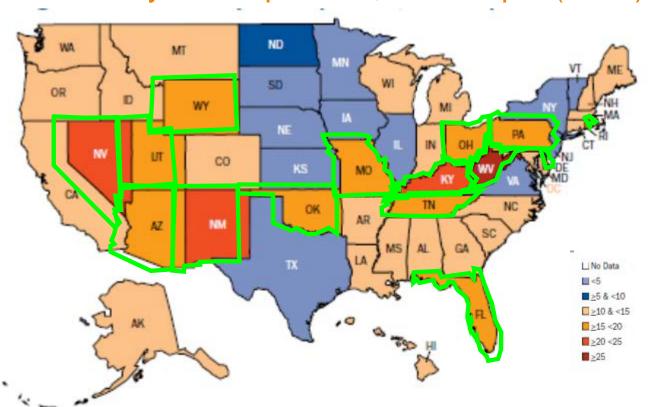


## Circle of Addiction & The Next Generation



## Current Drug Abuse Trends

Overdose Mortality Rates per 100,000 People (2010)\*



\*This includes all drug deaths from prescription drugs, heroin, cocaine etc

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2010 on CDC WONDER Online Database released 2012. Data are from the Multiple Cause of Death Files, 1999-2010, as compiled from data provide by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

http://wonder.cdc.gov/mcd-icd10.html (accessed February 2014).

#### Highest Rates (green)

West Virginia: 28.9 Arizona: 17.5 11. Florida: 16.4

**New Mexico: 23.8** Missouri: 17 12. Ohio: 16.1

Kentucky: 23.6 Tennessee: 16.9 (tie) 13. Rhode Island: 15.5

Nevada: 20.7 Utah: 16.9 (tie) 14. Pennsylvania: 15.3

Oklahoma: 19.4 10. **Delaware: 16.6** 15. Wyoming: 15



# Current Prescription Drug Diversion Trends

## States with Highest Pharmacy Dispensing in 2012\*

Rank	Oxycodone	Hydrocodone	Hydromorphone	Oxymorphone
1	Florida	California	California	North Carolina
2	Pennsylvania	Texas	Florida	California
3	California	Tennessee	New York	Tennessee
4	New York	Michigan	Texas	New York
5	Ohio	Florida	Virginia	Pennsylvania
6	North Carolina	Illinois	Pennsylvania	Florida
7	New Jersey	Ohio	Washington	Ohio
8	Arizona	Indiana	Ohio	Texas
9	Tennessee	Georgia	Michigan	Indiana
10	Massachusetts	Alabama	New Jersey	Virginia

<sup>\*</sup> Data applies to retail pharmacy dispensing

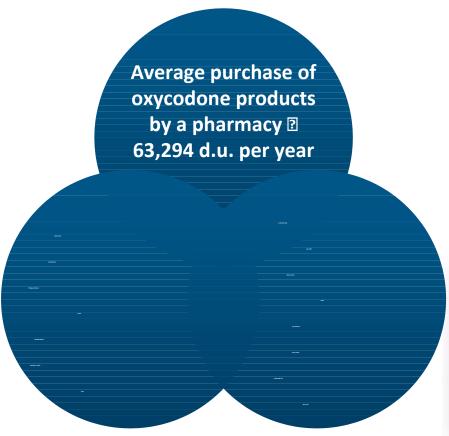
<sup>\*</sup> Source: DEA Distributors Conference October 2013





## Florida Pill Mills

2009 & 2010











# State of Florida Legislative Actions\*

#### **Effective October 1, 2010**

- Pain clinics are banned from advertising that they sell narcotics
- □ They can only dispense 72-hour supply of narcotics
- □ Prohibits the registration of pain clinics unless they are owned by physicians or licensed by non-physicians as a health care clinic

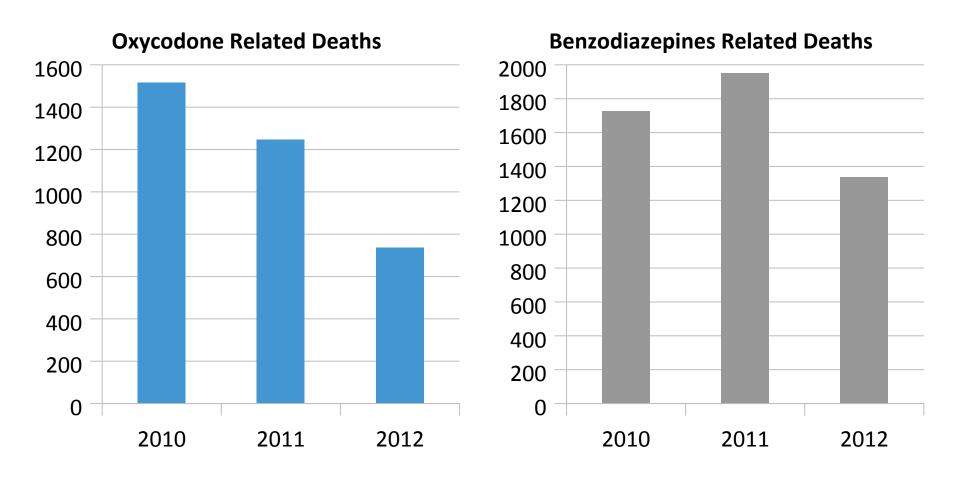
#### Effective July 1, 2011

- Clinics must turn over their supply of C-II and C-III controlled substances
- Clinics are no longer able to dispense these drugs
- Clinics cannot have ANY affiliation with a doctor that has lost a DEA number



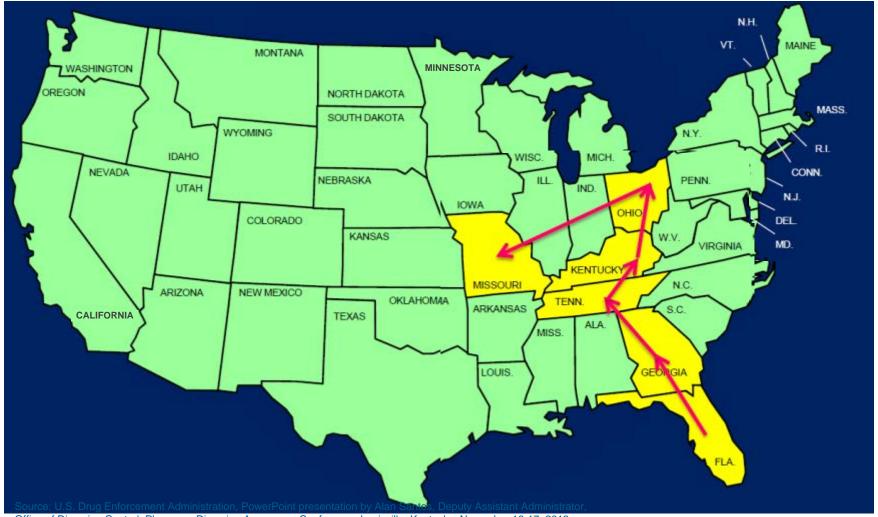
## Florida Medical Examiners Office Data

#### Positive Trends



Source: Florida Medical Examiner office Annual Reports 2010, 2011, and 2012, http://www.fdle.state.fl.us/Content/getdoc/0f1f79c0-d251-4904-97c0-2c6fd4cb3c9f/MEC-Publications-and-Forms.aspx, accessed February 2014

# Drug Diversion Migration Out of Florida\*





#### **DEA Action: Practitioner**

#### Writing Illegal Prescriptions for Pseudo-patients





## **DEA Action: Hospital**

Prescriptions Issues Without Legitimate Medical Purpose





# DEA Action: Pharmacy/ Owner

Filling Prescriptions Known to be Fraudulent



# The Controlled Substances Act (CSA)

Congress carve out for controlled substances

Establishes a <u>closed</u> system of distribution

Creates checks and balances between registrants to protect the public health and safety



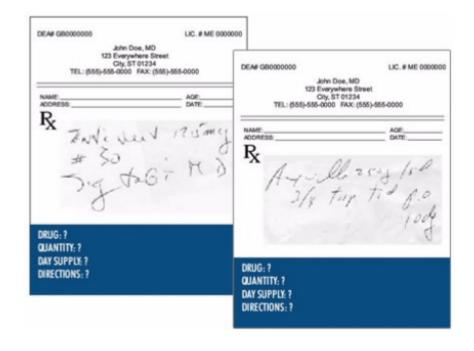


## Checks and Balances Under the CSA

#### **Practitioners**

□ A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice. □

(21 CFR §1306.04(a))





#### Checks and Balances Under the CSA

#### **Pharmacists**

A pharmacist, by law, has a Corresponding Responsibility to ensure that prescriptions are legitimate.

②The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a **corresponding responsibility rests** with the pharmacist who fills the prescription. ② (21 CFR § 1306.04(a))



Just because a prescription is presented by a patient or demanded to be filled for a patient by a doctors office, pharmacists are <u>not</u> obligated to fill the prescription!



## Checks and Balances Under the CSA

#### **Distributors**



☑Maintenance of effective controls
against diversion of controlled
substances into other than
legitimate medical, scientific, and
industrial channels; ② (21 U.S.C. §
823.)

operate a system to disclose to the registrant suspicious orders of controlled substances. Suspicious orders include orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency. (21 CFR §1301.74(b))



## **DEA Perspective**

#### Indicators of Prescription Drug Diversion

- Increase in volume
- Significant growth of abused drugs
- Non-numerical red flags

#### **Understand the Numbers**

- Geographical and regional statistics and norms
- Average pharmacy orders 73,000 Oxycodone doses per year\*

#### **Meet Regulatory Obligations**

- Effective controls against diversion
- Suspicious order monitoring
- Corresponding responsibility

<sup>\*</sup> J. Arnold, Drug Enforcement Administration, Office of Diversion Control: Effective Controls Against Diversion presentation 2013



# Potential Red Flags

#### Patients that

- Receive the same combination of prescriptions
- Receive the same strength of controlled substances
- Pay in cash for their prescriptions
- Have the same diagnosis codes written on their prescriptions
- Drive long distances to visit physicians and/or to fill prescriptions
- Enter the pharmacy in groups, each with the same prescriptions issued by the same physician
- Have prescriptions for controlled substances written by physicians not associated with pain management (i.e. pediatricians, gynecologists, ophthalmologists, etc.

- Joseph Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control: Drug Enforcement Administration. June 30, 2012



## Wholesale Distributors Responsibility



## Individually and collectively:

- □ Our DEA registration
- Ensure timely distribution to prevent an uninterrupted supply;
  and
- □ Distributors control the supply to downstream customers